

10/524368

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
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47									97						
48									98						
49									99						
50									100						
TOTAL IND.		↓		↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS									TOTAL CLAIMS						